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CONFIRMATION NO. 4529

<b>SERIAL NUMBER</b> 10/680,000	<b>FILING OR 371(c) DATE</b> 10/06/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> S/267 DIV
<b>APPLICANTS</b> Daniel Aeschlimann, Madison, WI; Paul Bulpitt, Madison, WI;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/156,829 09/18/1998 PAT 6,630,457 LCM				
<b>** FOREIGN APPLICATIONS *****</b> <i>none / LCM</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Leigh C. Mair</i> Acknowledged Examiner's Signature Initials LCM		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 14
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 1473				
<b>TITLE</b> Functionalized derivatives of hyaluronic acid, formation of hydrogels in situ using same, and methods for making and using same				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	